CALIFORNIA FORM / FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FILED IN THE OFFICE OF THE COUNTY CLERK

SAN MATEO COUNTY CALS:
Date Received

MAR 09 2012



Pl	A PUBLIC DOCUMENT ease type or print in ink.	(GP)	COVER PAGE	MARK CHURCH, County Clerk		
NA	ME OF FILER (LAST)		ADRIBUNE	(MIDDLE)		
1.	Office, Agency, or Court					
	Agency Name COUNTY OF Division, Board, Department, District, if applica	shle	MATEO Your Position DISTRICT 5	BOARD MEMBER		
	If filing for multiple positions, list below or MZ, SAMTRANS, SM HEALTH COMM, Agency SM HEALTH COMM, PEN. CONG. RELIEF AL	on an attachment.	ontyl	DARD MEMBER		
2.	Jurisdiction of Office (Check at lea	st one box)	_			
	State Multi-County 9 BAY ARBA (City of		County of	Commissioner (Statewide Jurisdiction)		
3.	Type of Statement (Check at least o	ne box)				
	Annual: The period covered is January December 31, 2011. -or- The period covered is/_ December 31, 2011.	-	(Check one)	covered is January 1, 2011, through the date of ce.		
	Assuming Office: Date assumed		the date of	covered is, through leaving office.		
_	Candidate: Election Year 2017	Office so	ught, if different than Part 1:			
4	Schedule Summary		Total number of pages i	including this payor name 4		
	Check applicable schedules or "None." Schedule A-1 - Investments - schedule Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule	attached	Schedule D - Incom	e, Loans, & Business Positions – schedule attached e – Gifts – schedule attached e – Gifts – Travel Payments – schedule attached		
None - No reportable interests on any schedule						
				(c)(1)		
	I have used all reasonable diligence in prepar herein and in any attached schedules is true			ontained		
	I certify under penalty of perjury under the	e laws of the State	of Californi			
	Date Signed 3412 (markh, day, year)		Sig			

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name ADRIENNE TISSIEC

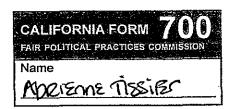
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
<u>SCHWARS</u>	XYLEM INC
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$100,000 ☐ \$100,000 ☐ Over \$1,000,000	\$2,000 - \$10,000 \$10,000 Over \$1,000,000
NATURE OF INVESTMENT MMKT	NATURE OF INVESTMENT Stock Other (Describe)
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
FORD MOTOR COMPANY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
AUTO	UTILITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	PROSHS ULTRASHORT DOW 30 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY / COMPUTER	PROSHARES TRUIT
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY WITHO AMERICAN BANK
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMACEUTICAL	FINANCIAC
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,000 \$100,000 \$100,000 \$100,000 \$100,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL BLECTRIC GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY/COMPURE/	ELECTRIC CO.
FAIR MARKET VALUE	FAIR MARKET VALUE
12 52,000 - \$10,000	S2,000 - \$10,000 U \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT Other (Describe)	NATURE OF INVESTMENT Stock Other
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Repart on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 11 / / 11 ACQUIRED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
PIRST NATIONAL BANK	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499	Stock Other (Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
ADRIBANE TIBBIÉR

► NAME OF SOURCE	► NAME OF SOURCE
SAM MATEO COUNTY ASSM. OF REACH	ori
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
850 Woodside WAY, Am Maleo CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
REAL ESTATE ASON	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11,18,11 ,50,00 INSTALLATION BUBILT	
\$	
NAME OF SOURCE	► NAME OF SOURCE
SAM MATEO LABURCOUNCIL	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1153 CHESS ORIVE, #200 Foster Coty, Ct	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LABOR cancil	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12, 2, 11 : 55.00 HOWDAY PARETY	\$
\$	
	\$
NAME OF SOURCE GEORGETTE SARLES, EXEC.	► NAME OF SOURCE
DATY CUTY COUMA CHAMBER OF COMM.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
355 GELLERT BLVD. #38 DRY CTY.CA BUSINESS ACTIVITY IF ANY OF SOURCE 9405	
250M250 No. 11, It Mary of Godinae	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CHAMBER OF Commerce	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) HOLIDAY RISENT/	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12/8/11 : 60.00 AWARDS/ ENSTALLAND	
	s
	s
Comments:	